

Application for Child Care Food Program Health/Sanitation Inspection

Environmental Health Services Division
Davis County Health Department
22 South State Street, Clearfield, UT 84015
P.O. Box 618 Farmington, UT 84025-0618
801-525-5128 TDD: 801 451-3228 Fax: 801 525-5119

Name

Phone Number(s)

Address

Apt. #

City

Zip

Name of Apartment Complex or Mobile Home Park

Food Assistance Program Sponsor Information (Required for License Exempt Inspection):

Sponsoring Organization

Expiration Date

Phone Number(s)

Sponsors Street Address/P.O. Box

City

State

Zip

FEES

☐ **\$40.00 for Food Service (Kitchen) Inspection for Licensed Home Day Care.**

☐ **\$55.00 for Full Inspection for Licensed Exempt Home Day Care.**

Make checks payable to Davis County Health Department and mail to the above address.

Upon receipt of payment and the completed application, a representative of the Division will contact you to schedule an appointment for an inspection. At the termination of the inspection you will receive:

For the **Kitchen inspection**, two copies of the inspection report form. The first must be submitted by you to the State along with your license application. The second is for your records;

For the **full inspection**, a copy of the inspection report form. An **"Approved"** inspection form is to be submitted by you to the sponsor as verification of a health inspection.

Signature of applicant _____ Date _____

For office use only

☐ Fees Paid Amt: \$ _____ Date: _____ Receipt # _____